

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT								
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF		
1	1												
2		1											
3													
4	1												
5		2											
6		2											
7	1												
8													
9	1												
10		1											
11	1												
12	1												
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32													
33													
34	1												
35													
36		1											
37		1											
38													
39		1											
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43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	9												
TOTAL DEF.		11											
TOTAL CLAIMS	14												